

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

JOM Pharmaceutical Services, Inc.

Attn: David Dykhouse

c/o Patterson Belknap Webb & Tyler LLP

1133 Avenue of the Americas

New York, NY 10036-6710

JOM Pharmaceutical Services, Inc.

Attn: David Dykhouse

c/o Patterson Belknap Webb & Tyler LLP

1133 Avenue of the Americas

New York, NY 10036-6710

JOM Pharmaceutical Services Inc.

c/o Patterson Belknap Webb & Tyler LLP

Attn: Brian P. Guiney, EVP General Counsel

1133 Avenue of The Americas

New York, NY 10036-6710

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Jom Pharmaceutical Services, Inc.

111 8th Ave.

New York, NY 10011-5201

David W. Dykhouse

Patterson Belknap Webb & Tyler LLP

1133 Avenue of the Americas

New York, NY 10036-6710

The Corporation Trust Company,
R/A for JOM Pharmaceutical Services, Inc.

Corporation Trust Center

1209 Orange St

Wilmington DE 19801

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing

Pachulski Stang Ziehl & Jones LLP

10100 Santa Monica Blvd.

13th Floor

Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David W. Dykhouse
Patterson Belknap Webb & Tyler LLP
1133 Avenue of the Americas
New York, NY 10036-6710



9590 9402 3367 7227 2826 92

2. Article Number (Transfer from service label)

7017 2400 0000 3936 6534

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)

B KARI

2/10/22**C. Date of Delivery****D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Corporation Trust Company,
R/A for JOM Pharmaceutical Services, Inc.
Corporation Trust Center
1209 Orange St
Wilmington DE 19801



9590 9402 3367 7227 2907 58

2. Article Number (Transfer from service label)

7017 2400 0000 3936 9436

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery****D. Is delivery address different from item 1?** Yes
If YES, enter delivery address below: No

FEB 08 2022

CT CORPORATION

3. Service Type

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt